



BAY TOWNSHIP – CHARLEVOIX COUNTY

05045 Boyne City Road • Boyne City, Michigan 49712

Phone (231) 582-3594

baytownshipmi.org

SPECIAL USE PERMIT APPLICATION

- Contact Zoning Administrator (Zach Sompels) at (269) 365-6014 or zoning@baytownshipmi.org for any questions.
- Answer all questions and include all required attachments.
- Attach a check payable to “Bay Township” for **\$250**.
- Return completed application to: Bay Township Zoning Administrator
05045 Boyne City Rd.
Boyne City, MI 49712

The applicant shall attach the following information with this Special Use Permit Application:

- Legal description and survey of the property.
- Detailed property boundary map showing existing and planned uses and structures. Indicate any wetlands, lakes or streams on this or adjacent property.
- Ten copies of the proposed site plan (as per Bay Township Zoning Ordinance Article XII)
- Completed Site Plan Review Checklist form, and a completed Environmental Impact Statement.

1. GENERAL INFORMATION

Parcel Identification Number: 15-001-_____-_____-_____ Parcel Size: _____

Parcel Address: _____

Applicant’s Name: _____

Applicant’s Address: _____

Phone No.: (____) _____ E-mail: _____

Landowner’s Name (if not applicant): _____

Landowner’s Address: _____

Phone No.: (____) _____ E-mail: _____

Landowner’s Authorization to proceed (if not applicant): _____

2. REQUESTED SPECIAL USE

Describe the proposed special use being requested: _____

3. ACKNOWLEDGEMENT

I authorize Bay Township (staff, appointed board and/or commissions, or committee members) to enter upon the subject property for purposes of making inspections related to this application. Such inspections or site walks shall be conducted at reasonable hours and times.

I certify that all the above information is accurate to my fullest knowledge.

Owner's Signature(s): _____

Signature of Applicant, if different than Owner: _____

Date: _____

Township Use Only

Date Application Completed: _____

Hearing Date: _____

Newspaper Publication Date: _____

Planning commission Review Date: _____

Planning Commission Action: _____

